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PTO/SB/01 (10-00)

Approved for use through 10/31/2002. OMB 0651-0032

U.S. Patent and Trademark Office: U.S. DEPARTMENT OF COMMERCE

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**DECLARATION FOR UTILITY OR
DESIGN
PATENT APPLICATION
(37 CFR 1.63)**

Declaration
Submitted
with Initial
Filing

OR

Declaration
Submitted after Initial
Filing (surcharge
(37 CFR 1.16 (e))
required)

| | |
|--------------------------|-------------------|
| Attorney Docket Number | 600-1-285 N |
| First Named Inventor | Mary Jeanne Kreek |
| COMPLETE IF KNOWN | |
| Application Number | 09/904,584 |
| Filing Date | July 13, 2001 |
| Group Art Unit | 1646 |
| Examiner Name | Unknown |

As a below named inventor, I hereby declare that:

My residence, mailing address, and citizenship are as stated below next to my name.

I believe I am the original, first and sole inventor (if only one name is listed below) or an original, first and joint inventor (if plural names are listed below) of the subject matter which is claimed and for which a patent is sought on the invention entitled:

**ALLELES OF THE HUMAN KAPPA OPIOID RECEPTOR GENE, DIAGNOSTIC
METHODS USING SAID ALLELES, AND METHODS OF TREATMENT BASED...**

(Title of the Invention)

the specification of which

is attached hereto

OR

was filed on (MM/DD/YYYY)

as United States Application Number or PCT International

(if applicable).

Application Number and was amended on (MM/DD/YYYY)

I hereby state that I have reviewed and understand the contents of the above identified specification, including the claims, as amended by any amendment specifically referred to above.

I acknowledge the duty to disclose information which is material to patentability as defined in 37 CFR 1.56, including for continuation-in-part applications, material information which became available between the filing date of the prior application and the national or PCT international filing date of the continuation-in-part application.

I hereby claim foreign priority benefits under 35 U.S.C. 119(a)-(d) or 365(b) of any foreign application(s) for patent or inventor's certificate, or 365(a) of any PCT international application which designated at least one country other than the United States of America, listed below and have also identified below, by checking the box, any foreign application for patent or inventor's certificate, or any PCT international application having a filing date before that of the application on which priority is claimed.

| Prior Foreign Application Number(s) | Country | Foreign Filing Date (MM/DD/YYYY) | Priority Not Claimed | Certified Copy Attached? YES | Certified Copy Attached? NO |
|-------------------------------------|---------|----------------------------------|--|--|--|
| | | | <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> | <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> | <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> |

Additional foreign application numbers are listed on a supplemental priority data sheet PTO/SB/02B attached hereto:

I hereby claim the benefit under 35 U.S.C. 119(e) of any United States provisional application(s) listed below.

| Application Number(s) | Filing Date (MM/DD/YYYY) | <input type="checkbox"/> Additional provisional application numbers are listed on a supplemental priority data sheet PTO/SB/02B attached hereto. |
|-----------------------|--------------------------|--|
| 60/218,300 | July 14, 2000 | <input type="checkbox"/> |

[Page 1 of 2]

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DECLARATION — Utility or Design Patent Application

Direct all correspondence to: Customer Number or Bar Code Label OR Correspondence address below

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State

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Country

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Fax

I hereby declare that all statements made herein of my own knowledge are true and that all statements made on information and belief are believed to be true; and further that these statements were made with the knowledge that willful false statements and the like so made are punishable by fine or imprisonment, or both, under 18 U.S.C. 1001 and that such willful false statements may jeopardize the validity of the application or any patent issued thereon.

NAME OF SOLE OR FIRST INVENTOR : A petition has been filed for this unsigned inventorGiven Name Mary Jeanne Family Name Kreek
(first and middle [if any])

Inventor's Signature

Mary Jeanne Kreek Mn

10/1/01

Residence: City New York State New York Country United States Citizenship United States

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CountryNAME OF SECOND INVENTOR: A petition has been filed for this unsigned inventorGiven Name Vadim Family Name Yuferov
(first and middle [if any])

Inventor's Signature

Vadim Yuferov

10/01/01

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Country Additional inventors are being named on the 1 supplemental Additional Inventor(s) sheet(s) PTO/SB/02A attached hereto.

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DECLARATION

ADDITIONAL INVENTOR(S) Supplemental Sheet Page 3 of 3

| | |
|--|----------|
| Name of Additional Joint Inventor, if any: | |
| Given Name (first and middle (if any)) | |
| Karl Steven | |
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| State | York |
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| Given Name (first and middle (if any)) | |
| Inventor's Signature | |
| Residence: City | State |
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| City | State |
| Name of Additional Joint Inventor, if any: | |
| Given Name (first and middle (if any)) | |
| Inventor's Signature | |
| Residence: City | State |
| Mailing Address | |
| Mailing Address | |
| City | State |

A petition has been filed for this unsigned inventor

Family Name or Surname

LaForge

KSL

10/1/04

1-27-04

United States

Country

Citizenship

A petition has been filed for this unsigned inventor

Family Name or Surname

Given Name (first and middle (if any))

Inventor's Signature

Date

Residence: City

Citizenship

Mailing Address

City

State

ZIP

Country

Name of Additional Joint Inventor, if any:

Given Name (first and middle (if any))

Inventor's Signature

Date

Residence: City

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Name of Additional Joint Inventor, if any:

Given Name (first and middle (if any))

Inventor's Signature

Date

Residence: City

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